POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*4kM*		07/08 01
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FORMALITY REVIEW	*Cy*	1122	08-22-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
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–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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